

**PROJECT CLOSE OUT REPORT/
REQUEST FOR FINAL PAYMENT**

DOR-0039 (REV. 6/94)

FTA #

Section - I (For Local Agency Use Only)

CONTRACT AGENCY NAME

PROJECT COMPLETION DATE

BUSINESS ADDRESS

PROJECT

PROJECT LOCATION

PROJECT DESCRIPTION

COMMENTS

The above named project has been completed in accordance with the agreement, and I am requesting that the project be closed out.

PRINT NAME OF PROJECT MANAGER

TITLE

SIGNATURE OF PROJECT MANAGER

BUSINESS PHONE

DATE

Section - II (For Departmental Use Only)

DISTRICT NO.

DATE RECEIVED

EA #

FINAL INSPECTION DATE

PROJECT COMPLETION DATE

RESOLUTION # IN THIS CONTRACT - METHOD OF PAYMENT (Warrant, EFT; 10 day)

FINAL PAYMENT

\$

FUND SOURCE (In Millions)

☐

STATE \$

☐

LOCAL \$

☐

FED \$

WAS THE ORIGINAL/PROJECT DESCRIPTION
OR SCOPE OF WORK AMENDED?☐

YES

☐

NO

IF YES, WHAT WAS THE ORIGINAL AMOUNT?

\$

WHAT WAS THE AMOUNT AFTER AMENDED, IF ANY?

\$

DID THE CONTRACTOR COMPLETE ALL REQUIREMENTS
BASED ON THE SCOPE OF WORK?☐

YES

☐

NO

IF NO, PLEASE EXPLAIN

WERE ALL OF THE FUNDING SHARE PROVIDED?

☐

YES

☐

NO

IF NO, EXPLAIN

COMMENTS

I certify that the above project has been completed in accordance with the agreement, and I am recommending release of final payment of this project.

EMPLOYEE TO BE CONTACTED REGARDING FINAL CLOSE OUT INSPECTION

PRINT NAME OF PROJECT ADMINISTRATOR

TITLE

SIGNATURE OF PROJECT ADMINISTRATOR

BUSINESS PHONE

DATE